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PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998  691428134													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
FOR			NUMBE	NUMBER FILED		NUMBER I	EXTRA	R	ATE	FEE	]	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			6	67 minus 20=		* 47		х	\$ 9=		OR	X\$18=	846.00
INDEPENDENT CLAIMS			5 minus 3 =			* 2			39=		OR	X78=	156.00
MULTIPLE DEPENDENT CLAIM PRESENT								+1	30=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TC	TAL		OR	TOTAL	1762.00	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SM	OTHER THA SMALL ENTITY OR SMALL ENTIT				
AMENDMENT A		CL/ REM/ AF	AIMS AINING TER DMENT	MS NING ER I		HIGHEST NUMBER REVIOUSLY PAID FOR	GHEST UMBER PRESENT EVIOUSLY EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	N 05 M	Minus *			=	X	39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	30=		OR	+260=	
·									TOTAL T. FEE	1	OR	TOTAL ADDIT. FEE	
		(Colu	ımn 1)		(C	Column 2)	(Column 3)	ADDI	1. FEE			ADDII. I CL	
AMENDMENT B		REM/ AF	AIMS AINING TER DMENT	IING R		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	T DY.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus		**		=	X	9=		OR	X\$18=	
	Independent	<u> </u> *		Minus		·	=	X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									30=		OR	+260=	
									TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)			olumn 2)	(Column 3)	ADDI	I. FEE			ADDII. FEEI	
AMENDMENT C		REM/ AF	IMS INING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	_	Minus	**		=	X	9=		OR	X\$18=	- 1
	Independent	<u> </u>		Minus *		<del> </del>	=	X	39=			X78=	
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PEND	ENT CLAIM			30=		OR		
* 1	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.										OR	+260=	
***	f the "Highest Nu If the "Highest Nu The "Highest Num	mber Pre mber Pre	viously Pa viously Pa	id For" IN THI aid For" IN THI	S SPA S SPA	ACE is less tha ACE is less tha	n 20, enter "20." in 3, enter "3."	ADDI'	OTAL r. FEE the ap	propriate bo		TOTAL ADDIT. FEE umn 1.	

Application or Docket Number